

<b>SEND COMPLETED FORM TO:</b> KDHE-BWM 1000 SW JACKSON, SUITE 320 TOPEKA, KS 66612	Kansas Department of Health and Environment  <b>Notification of Regulated Waste Activity (RCRA SUBTITLE C SITE IDENTIFICATION FORM)</b>		
<b>1. Reason for Submittal (See instructions on page 7)</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #      ) <input type="checkbox"/> As a component of the Hazardous Waste Report		
<b>2. Site EPA ID Number (page 8)</b>	<b>EPA ID Number</b> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div>		
<b>3. Site Name (page 8)</b>	<b>Name:</b>		
<b>4. Site Location Information (page 8)</b>	<b>Street Address:</b>		
	<b>City, Town, or Village:</b>		<b>State:</b>
	<b>County Name:</b>		<b>Zip Code:</b>
<b>5. Site Land Type (page 8)</b>	<b>Site Land Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) (page 8)</b>	<b>A.</b>		<b>B.</b>
	<b>C.</b>		<b>D.</b>
<b>7. Site Mailing Address (page 9)</b>	<b>Street or P.O. Box:</b>		
	<b>City, Town, or Village:</b>		<b>State:</b>
	<b>Country:</b>		<b>Zip Code:</b>
<b>8. Site Contact Person (page 9)</b>	<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
	<b>Phone Number:</b>	<b>Extension:</b>	<b>E-mail address:</b>
<b>9. Operator and Legal Owner of the Site (pages 9 and 10)</b>	<b>A. Name of Site's Operator:</b>		<b>Date Became Operator (mm/dd/yyyy):</b>
	<b>Operating Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>B. Name of Site's Legal Owner:</b>		<b>Date Became Owner (mm/dd/yyyy):</b>
	<b>Owner Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID: | | | | | | | | | | | | | | | |

<b>9. Legal Owner (Continued Address)</b>	<b>Street or P.O. Box:</b>	
	<b>City, Town, or Village:</b>	
	<b>State:</b>	<b>Zip Code:</b>
	<b>Country:</b>	

**10. Type of Regulated Waste Activity**  
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 10 to 14.)

**A. Hazardous Waste Activities**  
Complete all parts for 1 through 6.

**Y ☐ N ☐ 1. Generator of Hazardous Waste**  
If "Yes", choose only one of the following –a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs/mo) of non-acute hazardous waste; or

☐ b1. KSG sub-class 1: 100 to 1,000 kg/mo (220-2,200 lbs/mo) of non-acute hazardous waste; or

☐ b2. KSG sub-class 2: 25 to less than 100 kg/mo (55-220 lbs/mo) of non-acute hazardous waste; or

☐ c. KSSQG: Less than 25 kg/mo (55lbs/mo) of non-acute hazardous waste

**In addition, indicate other generator activities.**

**Y ☐ N ☐ d.** United States Importer of Hazardous Waste

**Y ☐ N ☐ e.** Mixed Waste (hazardous and radioactive) Generator

**Y ☐ N ☐ 2. Transporter of Hazardous Waste**

**Y ☐ N ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

**Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your site)** Note: A permit may be required

**Y ☐ N ☐ 5. Exempt Boiler and/or industrial Furnace**  
If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

**Y ☐ N ☐ 6. Underground Injection Control**

**B. Universal Waste Activities**

**Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste** (accumulate 5,000 kg or more) [refer to Kansas regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**Y ☐ N ☐ 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**  
Mark all boxes that apply.

**Y ☐ N ☐ 1. Used Oil Transporter**  
If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

**Y ☐ N ☐ 2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

**Y ☐ N ☐ 3. Off-Specification Used Oil Burner**

**Y ☐ N ☐ 4. Used Oil Fuel Marketer**  
If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID: | | | | | | | | | | | | | | |

11. Description of Hazardous Wastes (See instructions on page 14.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


12. Comments (See instructions on page 14.)


13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 14.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)